Community Health Assessment 2003/04

South Eastman Community Report

South Eastman Health/Santé Sud-Est Inc.

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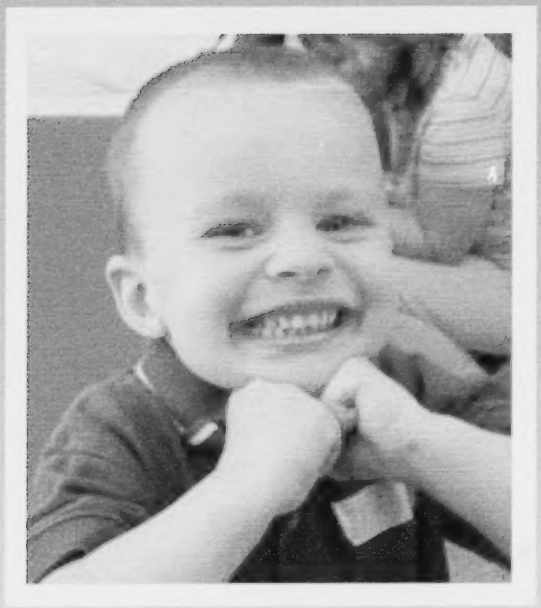

Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it's the only thing that ever has.

– Margaret Mead

About this assessment

Community health assessment (CHA) is the cornerstone of South Eastman Health/Santé Sud-Est Inc.'s commitment to accountability and inclusion in health planning and decision-making. Through this ongoing process of community consultation and data collection, the regional health authority (RHA) assembles health-related evidence on the South Eastman population, monitors trends over time, and evaluates progress towards regional health goals.

Based on this evidence, South Eastman Health/Santé Sud-Est establishes its priorities and decision-making processes to guide health policy and service delivery. Two reports have been developed from the Community Health Assessment 2003/04: the Comprehensive Report; and this Community Report. The Comprehensive Report is the follow-up to a similar report completed in 1998. The report serves as a comprehensive overview to inform South Eastman residents about the state of health in the region and guide communities in planning for health improvement. The Comprehensive Report is available on CD-Rom, as well as at www.sehealth.mb.ca. This Community Report summarizes key findings and health priorities derived from the comprehensive assessment.

Data come from a wide variety of sources, including regional, provincial, and national health statistics and research, and extensive consultations with South Eastman communities – including a telephone survey, community round tables, focus groups, discussion groups, and individual interviews – with 831 residents of the region taking part.

In the 1998 CHA report, the regional health authority identified five priority vulnerable population groups: children and youth, seniors, women, socio-economically disadvantaged residents, and residents of the Southern District. Mental health and better accessibility to services were also identified as service priorities.

Building on the 1998 report, the 2003/04 report observes:

- considerable progress has been made in knowledge and understanding of priority population groups and service accessibility;
- the scope of data collection has expanded to encompass new community priorities, including men's health, end-of-life care, and literacy;
- community engagement in the community health assessment process has broadened and diversified;
- population growth has emerged as the principal driver of growing regional health care needs.

Note that mental health and utilization of mental health services form the subject of an upcoming provincial research report which, although still in progress, will be available to Manitoba regional health authorities for health planning.

The willingness of South Eastman residents to contribute their knowledge and experience to the community health assessment is gratefully acknowledged

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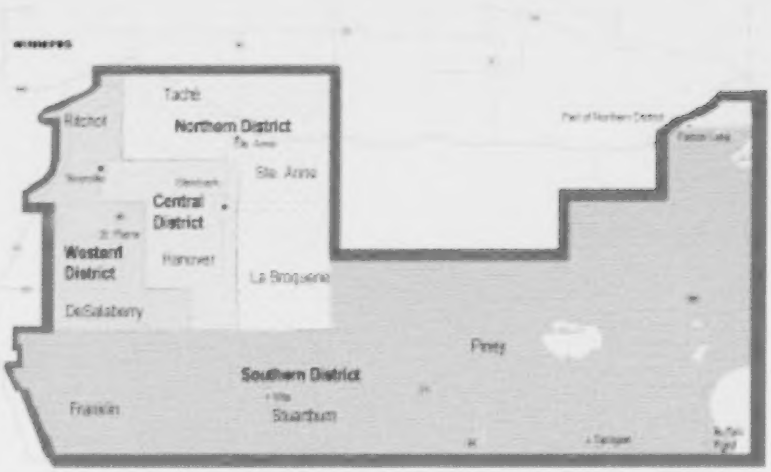
About South Eastman



The population of South Eastman in 2003 was 56,648. For health planning purposes, the region is divided into four districts: Western, Northern, Central, and Southern.

South Eastman Health/Santé Sud-Est owns and operates the region's four hospitals, located in St. Pierre-Jolys, Ste. Anne, Steinbach, and Vita. In total, the region has 104 acute care beds and 20 extended treatment beds.

There are seven personal care homes in South Eastman, accommodating 334 residents. Three facilities are associated with regional hospitals, in St. Pierre-Jolys, Steinbach, and Vita. Three additional facilities, in Ste. Anne, Steinbach, and Grunthal, are not-for-profit, faith-based institutions, while the personal care home in St. Adolphe is privately operated.

South Eastman has two primary health care centres, located in Sprague and Niverville.

Physicians contracted by the RHA are based in St. Pierre-Jolys and Vita (total seven). Fee-for-service physicians practise in Lorette, Ste. Anne, and Steinbach (total 30).

South Eastman Health/Santé Sud-Est is responsible for all community-based, diagnostic, and emergency medical services provided within the region.

Overview

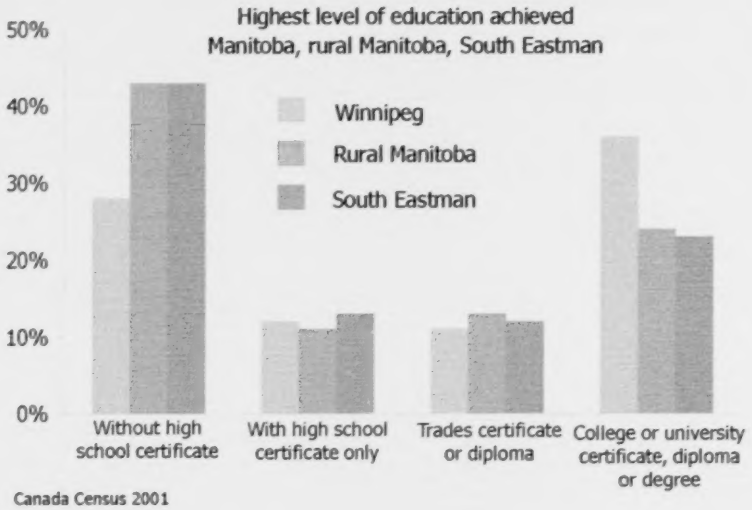
South Eastman is a mid-size rural regional health authority with a relatively young population.

Language is extremely important in South Eastman. While English is the predominant language, French and German are spoken widely in the region.

The South Eastman population is not affluent. Education levels are much lower than in Winnipeg, even among younger adults. While most adults are employed, they are commonly in blue collar occupations with incomes generally below Manitoba averages.

Socioeconomic levels within South Eastman are in the lower to middle ranges. There is a marked income gradient across municipalities.

Recent immigration is making a noticeable contribution to the South Eastman population.



> "I think one of the issues for South Eastman is that the unemployment rate is so low that they all go to work. So many of the male population didn't go to school or learn other things . . . they stay out of the loop, so they're not going to read things, they don't look at things. Difficulties are created with that."
>
> – Focus group participant

Demographics

» South Eastman residents numbered 56,648 in June 2003, representing almost five percent of the Manitoba population and eleven percent of the rural Manitoba population. The region covers approximately 10,000 square kilometres, encompassing 13 municipalities, one small First Nations community, and unorganized territory. Within South Eastman, four geographic districts – Western, Northern, Central, and Southern – facilitate health planning.

» Overall, the South Eastman population is somewhat younger than the general Manitoba population, with a greater percentage of children under age 15 (24 percent vs. 20 percent) and a smaller percentage of seniors age 65+ (11 percent vs. 14 percent).

» There are marked differences among districts in population age structure. The Central District population is younger than the overall South Eastman population, with children representing 26 percent of residents and seniors, 10 percent. The Southern District has an aging population, with children forming only 18 percent of the population and seniors 20 percent. In the Western and Northern districts, children form 23 percent of the population and seniors 9 percent.

Ethnic and cultural characteristics

» As in the rest of Manitoba, over 40 percent of South Eastman residents report multiple ethnic origins.

» In South Eastman, residents reporting single French or German origins are represented at two to three times the provincial rate.

» Fourteen percent of South Eastman residents use the French language at home, compared to only four percent in Manitoba overall. In the Western and Northern districts, 31 percent and 22 percent of residents respectively, use French at home. In the Central District, approximately one-quarter of residents speak German at home, while in the Southern District, Ukrainian is commonly spoken.

» Only one percent of South Eastman residents report exclusively Aboriginal origins. Just over seven percent of residents report some ancestry of Aboriginal origin, with 77 percent of these reporting Métis heritage and 80 percent residing in the region's Northern and Western districts.

> "Rural people just don't talk about issues . . . In the city, they have job security, they have workman's compensation, they are used to going to the doctor – whereas in the country, if you are farming and hurt yourself, you just use the other hand more and manage to do your work anyway."
>
> – Focus group participant

Education

» As in rural Manitoba generally, education levels are noticeably lower in South Eastman than in Winnipeg.

» In South Eastman, 17 percent of adults age 20+ have less than grade nine education, compared to eight percent in Winnipeg; 43 percent of adults lack a high school graduation certificate, compared to 28 percent in Winnipeg. Only 23 percent of South Eastman adults have post-secondary qualifications, compared to 36 percent in Winnipeg.

» Within South Eastman, there are marked differences across districts. Residents age 20+ lacking a high school graduation certificate range from 37 percent in the Northern District to 59 percent in the Southern District.

» Education levels are lowest in the oldest population groups. In South Eastman, over 75 percent of seniors age 65+ lack a high school graduation certificate.

» Relatively low education levels are also seen in younger adults, with 30 percent age 20 to 39 lacking high school graduation.

Employment

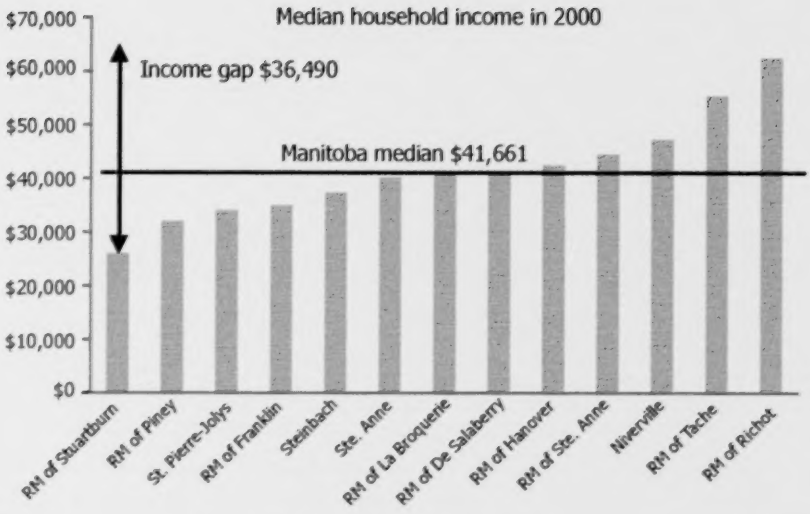
» Approximately 70 percent of South Eastman adults are in the labour force – 80 percent of men and 60 percent of women.

» 81 percent of women with children older than six are in the labour force, as are 68 percent of women with children under six. Women with pre-school children represent the fastest growing segment of South Eastman's labour force.

» South Eastman unemployment rates are well below those in Manitoba generally.

» Compared to Manitoba, South Eastman workers are much more likely to be employed in blue collar than white collar occupations.

Income



Note: Census income data not available for Buffalo Point First Nation.

Canada Census 2001

» In South Eastman, average employment earnings fall below Manitoba averages across almost all municipalities for both men and women. Men earn more than women for both full- and part-time work.

» Median household incomes are on par with, or below, Manitoba averages in most South Eastman municipalities and show a marked in-region gradient. In 2000, the income gap between the poorest (Stuartburn) and wealthiest (Ritchot) municipal households was over $36,000 – greater than the median household income recorded for Stuartburn.

» Seventeen percent of South Eastman households have annual incomes less than $20,000. In the Southern District, the figure is 30 percent.

» Individuals living alone commonly earn less than $20,000 annually. In South Eastman, the likelihood of this is much higher than in the rest of Manitoba, and in 2000, reached levels around 75 percent in a number of South Eastman municipalities.

Immigration

» In South Eastman, the contribution of recent immigrants to the population is higher than for Winnipeg and considerably higher than for rural Manitoba and Manitoba overall.

» Recent immigrants, those who immigrated since 1996, represent around four percent of the South Eastman population.

> "A lot of people in the area don't have sick days. If you have to miss work, you lose money."
>
> – Focus group participant

> "Lots of people have to put in a 60-hour week or work two jobs or pull in overtime to make it."
>
> – Focus group participant

Overview

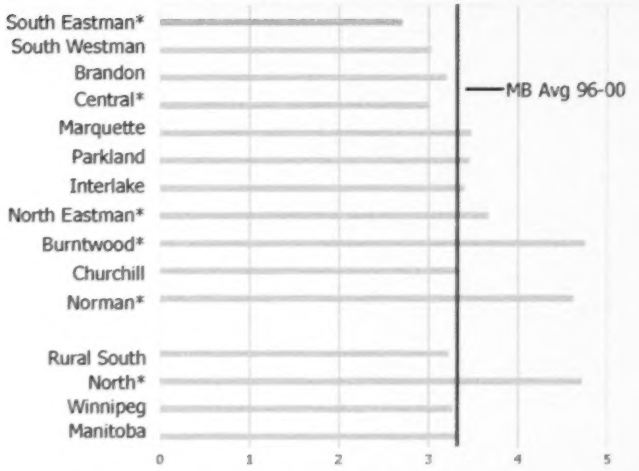
The health of the South Eastman population has remained constant since 1997.

Within Manitoba, health status is better in South Eastman and other southern RHAs than in more northerly Manitoba populations that bear higher burdens of conditions associated with premature illness and death, such as diabetes, injury, and suicide. Compared to Manitoba, the South Eastman population demonstrates above average life expectancy, below average mortality, and below average rates of major illnesses and injuries.

As for all southern Manitoba populations, cardiovascular disease and cancer are the leading causes of death.

Premature mortality rates by RHA, Manitoba 1996-2000

Age & sex adjusted rate of deaths per 1000 aged 0-76



*indicates area's rate was statistically different from Manitoba average

Manitoba Centre for Health Policy 2003

The premature mortality rate (PMR) – the rate of death before the age of 75 years – is considered the best single measure to reflect the health status of a region's population. In the period 1996-2000, the PMR for the South Eastman population was the lowest in Manitoba.

Well-being

» Similar to other rural Manitobans, residents of South Eastman perceive their health status as strong, with 87 percent self-rating their health as good/very good/excellent. Self-rated physical and mental health decline with advancing age and with declining income and education levels.

» In common with other Manitobans, nearly 20 percent of South Eastman residents report significant stress in their daily lives.

» At any time, around 25 percent of South Eastman residents have recently experienced physical problems, and 13 percent have had recent emotional problems, that limited their activities to some degree. Emotional problems are more common among people of First Nations/Aboriginal/Métis ancestry, the unemployed, and people rating their health as poor.

» As throughout Manitoba, approximately 20 percent of South Eastman residents have moderate or severe ongoing health problems that limit their ability to function.

Health practices and lifestyle

» Smoking rates among South Eastman residents remain below Manitoba averages, with 18 percent of women and 25 percent of men smoking compared to provincial figures of 25 percent and 29 percent respectively. More than 75 percent of current smokers report wanting to quit.

» Approximately 50 percent of adult women and 40 percent of adult men in South Eastman are at an acceptable weight, matching average levels across Manitoba. However, obesity is a greater problem for men living in South Eastman than other areas of the province.

» Sixty-one percent of South Eastman residents exercise daily to improve their health.

» South Eastman women generally cite a healthy, well-balanced diet as their main health improvement activity, while men generally cite exercise, with a physically demanding job or lifestyle as the main source.

» Men are much more likely than women to say that they do nothing in particular to improve their health.

Coping and support

» Approximately half of South Eastman residents say they have someone to confide in or listen to them, although those aged 55 and over and those retired are more likely to report having no one to talk to when in distress. Support networks are lowest amongst people living alone and people with family incomes under $20,000.

» Sixty-five percent of South Eastman residents over the age of 15 are married, 11 percent more than in the general Manitoba population.

» The proportion of single parent families is considerably below the provincial average of 16 percent. Nine percent of all South Eastman families are headed by single parents and, in one-fifth, the lone parent is male.

» Thirty-five percent of South Eastman seniors age 65+ live in non-family settings, with 31 percent of all seniors living alone. A non-family setting is one where people live alone or without their basic family unit.

"If you know someone who's been through what you are going through and you can help one another – that's the sort of thing we do in our communities."

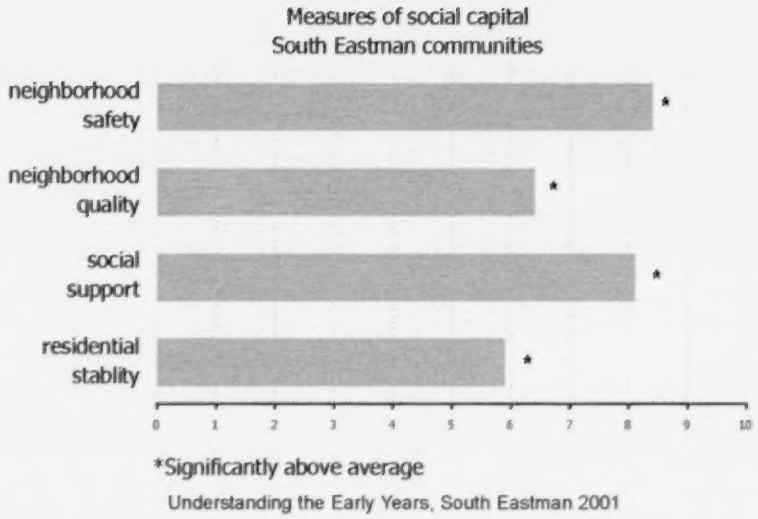
– Focus group participant

Social capital

» Social capital describes the benefits that come to a community when members come together for common purposes and work together for the common good.

» South Eastman communities show evidence of strength and cohesion.

» Young South Eastman families score their communities significantly above nationwide averages in neighbourhood safety, neighbourhood quality, social support, and residential stability.



» Churches play a highly important role in moulding the social fabric of South Eastman communities. With more than 110 churches serving 60 communtities, most provide programming for people of all ages and do community benefit work. Seventy percent of young families report regular church attendance.

Health services

» The relative availability of health care services in South Eastman has declined over the past five years due to an increasing population.

» Similar to other rural Manitobans, 87 percent of South Eastman residents report that they have a regular health care provider. The likelihood of having a regular health care provider is greater among women and residents with family income of $40,000 or more, and generally increases with age.

» South Eastman residents identify hospital and ambulance services as the most important health care services in the region, followed by home care/personal care homes, and community services.

» The majority of South Eastman residents rate their experiences over the past year with health care services as excellent or very good, including 75 percent giving that rating to health promotion services.

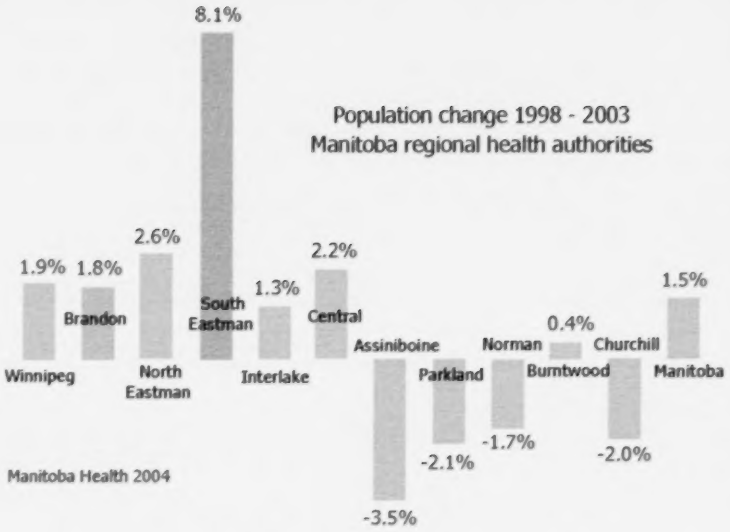
> "We're here for each other in rural communities - we stick together. I think this contributes greatly to our community's strength and our overall health."
>
> – Focus group participant

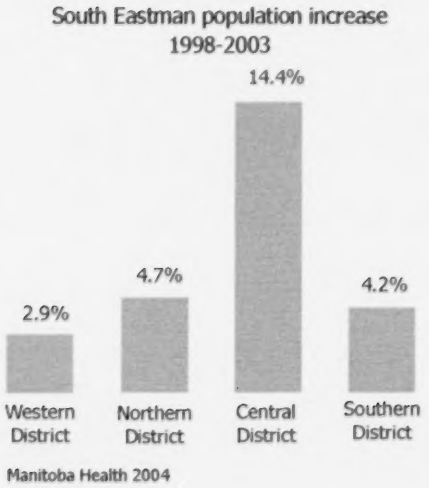
> "Being there for each other – these are the things that relieve stress and sustain our health."
>
> – Focus group participant

Overview

South Eastman is rapidly changing. Unlike the rest of Manitoba, the region has seen marked population growth over the past five years.

In the five years between June 1998 and June 2003, the South Eastman population increased 8.1 percent, greatly outstripping growth in all other regions of the province. South Eastman's 1.6 percent annual growth rate exceeded Manitoba's rate of growth over the whole five year period.





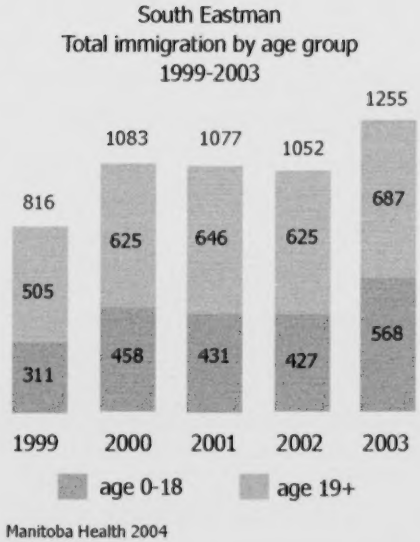
While increases have occurred across all district populations, the Central District (City of Steinbach and R.M. of Hanover) has seen extraordinary growth since 1998 – 14.4 percent, or 2.9 percent per year.

Immigration

» South Eastman's population growth results in part from natural increase and high fertility rates. However, the major contributor to population increase since 1998 is immigration

» Over the past five years, around 5,300 new Manitobans have chosen to settle in South Eastman. In 2003, South Eastman accounted for 19 percent of all immigrants to Manitoba. Forty per cent of all immigrants were under 19 years of age.

» A major flow of overseas immigrants into South Eastman began in 1999, resulting in almost 2,900 new residents by 2003. Numbers are steadily rising, with 2003 showing 31 percent increase over the previous year.



Manitoba Health 2004

» More than 80 percent of overseas immigrants have entered under the Manitoba Provincial Nominee Program. In 2003, South Eastman accounted for 21 percent of immigrants entering Manitoba under the program and two-thirds of provincial nominees locating outside Winnipeg. Fifty percent of overseas immigrants were under 19 years of age.

» Almost 80 percent of overseas immigrants arriving in South Eastman have settled in the Central District, contributing substantially to the district's marked five-year population increase.

» Other areas of South Eastman are also experiencing the effects of immigration, including the rural municipalties of La Broquerie, Piney, and Stuartburn and the Town of Niverville.

> "These new Manitoba families are important contributors to our economy and social fabric. The health of these families, and of those who follow over the next few years, is critical to the continued economic growth of the South Eastman region and the province."
>
> – South Eastman Health/Santé Sud-Est 2004

Overview

South Eastman's marked population growth suggests considerable impacts on regional health services. Nevertheless, health service needs vary widely by age group. For South Eastman, understanding the impacts of population growth on key age groups is fundamental to health planning, both short- and long-term.

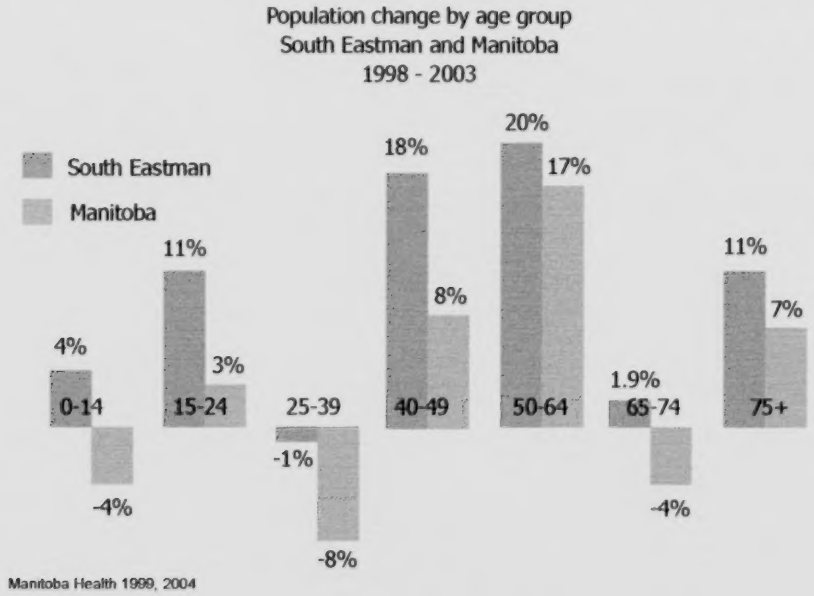
For South Eastman, population growth forecasts increasing health care needs across the whole spectrum of preventive, treatment, and support services. Service development must be tailored to meet the specific age group needs of diverse regional communities.

Age group increases

» In contrast to other Manitoba RHAs, South Eastman's population has increased across virtually all age groups.

» South Eastman's age group increases reflect the combined effects of high birth rate, increasing in-migration of young families, and population aging.

» In all cases, South Eastman age group increases are well above Manitoba averages.
- 4 percent increase in children under age 15, with 4 percent decline in Manitoba generally.
- 11 percent increase in youth age 15-24, compared to 3 percent increase across Manitoba.
- 18 percent increase among residents age 40-49 – more than double the provincial rate, 8 percent.
- 20 percent increase in the population 50-64 years, compared to 17 percent across Manitoba.
- 1.9 percent increase in the age group 65-74, with 4 percent decline across Manitoba.
- 11 percent increase among vulnerable elderly age 75+, compared to 7 percent in the general Manitoba population.



Manitoba Health 1999, 2004

Differences within South Eastman

» Within South Eastman, there is differentiation. All communities have seen age group changes over the past five years. However, some have been profoundly affected by population aging, some have experienced marked increases in children, youth, and young adults, and others show striking evidence of growth across all age groups.

South Eastman Population Age 0-39, By District and Age Group, 1998-2003.

Location	Age Group								
	<15 years			15-24 years			25-39 years		
	1998	2003	98-03 % change	1998	2003	98-03 % change	1998	2003	98-03 % change
Western District	2638	2479	-6%	1635	1729	6%	2341	2207	-6%
Northern District	3926	3784	-4%	2402	2597	8%	3421	3141	-8%
Central District	5358	6148	15%	3323	3762	13%	4790	5095	6%
Southern District	1115	1177	6%	644	769	19%	1028	963	-6%
South Eastman	7223	13588	4%	8004	8857	11%	11580	11406	-1%
Manitoba	245334	236035	-4%	155903	160720	3%	256404	234813	-8%

Manitoba Health 1999, 2004

South Eastman Population Age 40+, By District and Age Group, 1998-2003.

Location	Age Group											
	40-49 years			50-64 years			65-74 years			75+ years		
	1998	2003	98-03 % change	1998	2003	98-03 % change	1998	2003	98-03 % change	1998	2003	98-03 % change
Western District	1577	1737	10%	1358	1687	24%	575	555	-3.5%	427	467	9.4%
Northern District	2344	2709	16%	2107	2523	20%	864	920	6.5%	468	592	26.5%
Central District	2586	3267	26%	2077	2932	41%	1099	1177	7%	1144	1273	11.3%
Southern District	716	825	15%	1010	1086	7%	614	560	-8.8%	501	487	-2.8%
South Eastman	7223	8538	18%	6552	8228	26%	3152	3212	1.9%	2540	2819	11%
Manitoba	167655	181728	8%	160932	196964	23%	81501	78102	-4%	74736	80020	7%

Manitoba Health 1999, 2004

Overview

Population growth has increased South Eastman's requirements for all local health care services. Regional health programs across the whole spectrum of prevention, treatment, and support show evidence of steadily increasing utilization and diminishing availability.

The RHA, as a result, is hard-pressed to meet current demands for health care services while, at the same time, planning to ensure sufficient resources and capacity to meet rising needs.

While existing programs are under stress, there is also compelling evidence that new and expanded programs are required to meet the growing and changing needs of the South Eastman population.

Acute hospitals

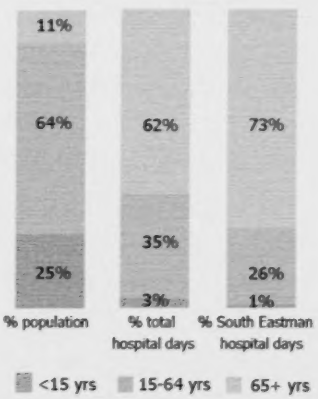
» The impacts of population growth on the acute hospital system have been masked by the system-wide shift from inpatient to outpatient care and shorter hospital stays as part of the overall health care system's efforts to conserve resources.

» Since 1999/2000, hospitalizations taking place in Winnipeg, generally for surgery or conditions requiring specialized care, have remained steady. However, hospitalizations taking place in South Eastman, which tend to be more discretionary in nature, have markedly declined. Use of hospital days by South Eastman residents has fallen steadily since 1996/97, both in Winnipeg and in South Eastman.

» On average, approximately 60 percent of hospital cases and days for South Eastman residents take place in-region, 35 percent in Winnipeg, and 5 percent elsewhere. This pattern has been fairly constant since 1996/97.

» Seniors are by far the highest users of hospital services. Residents age 65+ account for nearly two-thirds of all hospital days used by the South Eastman population and for nearly three-quarters of hospital days used in South Eastman facilities. Among residents age 65+, 75 percent of hospital days are used in South Eastman and only 18 percent in Winnipeg.

Age group contributions to hospital days
South Eastman population



Manitoba Centre for Health Policy (1997/1998)

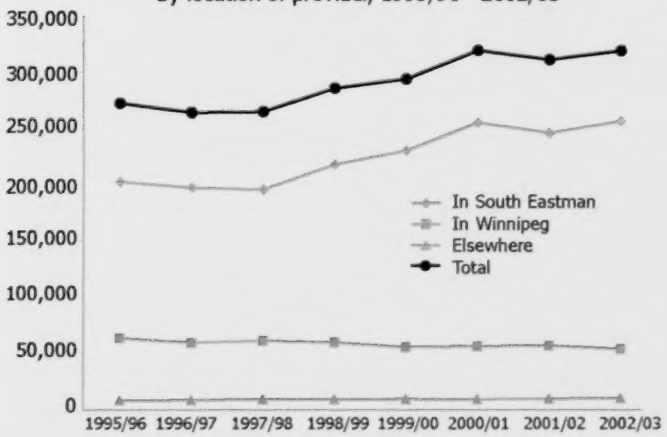
Primary care physicians

» Population growth in South Eastman has been paralleled by steadily increasing use of regional family physicians.

» More than 80 percent of physician visits made by the South Eastman population are to family physicians. This is well above Winnipeg levels and has increased significantly over time.

» Approximately 76 percent of physician visits made by South Eastman residents take place in-region, 21 percent in Winnipeg, and 3 percent elsewhere. The trend to in-region family physician use is steadily increasing.

Family physician services provided to South Eastman residents by location of provider, 1995/96 - 2002/03



Manitoba Health 2004

» The rate at which South Eastman residents visit physicians has increased significantly; that is, the average number of physician visits each year, per resident.

» Physician visit rates are characteristically high among the very young and women in the reproductive years, and increase dramatically after age 65+. South Eastman's pattern of population growth, with simultaneous increases in numbers of births, children, younger adults (including rising numbers of reproductive-age women), and seniors, is placing steadily increasing pressures on the region's family physician services.

» Family physician services provided in South Eastman to South Eastman residents have increased dramatically – 31 percent since 1997/98.

» The Central District is most affected, with family physician services provided in-region rising 39 percent since 1997/98.

Home care and personal care homes

» Pressures on South Eastman's Home Care program and personal care homes (PCH) are steadily increasing due to the growing senior population, increased life expectancy, seniors' marked reliance on local care, and increasing trends away from in-patient hospital care.

» Since 1998, South Eastman's population age 65+ has increased 6 percent and the population age 75+, 11 percent. Since 1993, the regional population age 65+ has grown 16 percent.

» Eighty percent of Home Care clients are seniors age 65+; two-thirds are seniors age 75+. More than 90 percent of PCH admissions involve seniors age 75+.

» Rates of cases open on Home Care have risen by 22 percent between 1995/96 and 2003/04.

» The increasing burden on South Eastman personal care homes reflects the region's fixed PCH bed allocation and growing population of fragile elderly age 75+ with, increasingly, numbers of PCH admissions in excess of PCH discharges.

» Because the population aged 75+ has increased 11 percent in the past five years, the number of available beds has effectively fallen. Since 1998, South Eastman has experienced a 12 percent reduction in the number of PCH beds for this age group. Consequently, waiting lists for PCH admission have lengthened substantially.

Surgery

» South Eastman surgical volumes, for both major and minor surgery, have risen steadily over recent years.

» Increases have been substantial. Between 1996/97 and 2003/04, volumes rose 86 percent for major surgery and 58 percent for minor surgery.

» Key factors in the increases include regional population growth, the province-wide movement to outpatient surgery, and the rising trend to repatriation of surgical services to South Eastman from Winnipeg.

» Further growth of the South Eastman surgery program can be anticipated.

Cancer care

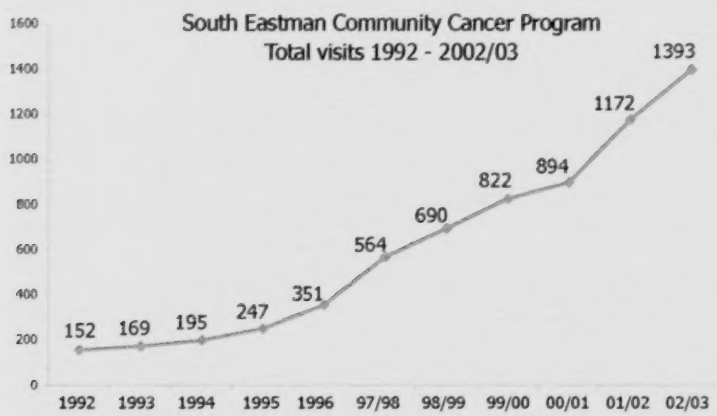
» As the South Eastman population increases and ages, there is growing need for locally-based cancer care services.

» The burden of cancer is high – approximately 40 percent of people will develop cancer during their lifetimes and one-quarter will die of this disease. Nearly 2,000 South Eastman residents are living with cancer and, each year, almost 200 are newly diagnosed with the disease.

» Cancer is primarily a disease of aging: around 70 percent of new cancer cases and 80 percent of cancer deaths occur in persons age 60+.

» In South Eastman, numbers of new cancer cases will continue to rise. The region has experienced 9 percent increase in the population age 60+ since 1998 and 14 percent increase since 1993.

» Use of South Eastman's Community Cancer Program, which enables regional residents to receive cancer care and treatment in or near their own communities, has grown steadily since its inception in 1992. In 2002/03, South Eastman patients and families saved 134,000 kilometres of additional driving to Winnipeg because of the availability of the Commmunity Cancer Program.



CancerCare Manitoba 2004

» In the five years 1998/99 – 2002/03, South Eastman's Community Cancer Program experienced 82 percent increase in new patient referrals, 37 percent increase in treatment services delivered, and 102 percent increase in total patient visits.

» The range of treatment services provided by the Community Cancer Program has also greatly expanded over time, encompassing not only chemotherapy but a wide variety of other specific interventions.

Community mental health services

» South Eastman's community mental health program is experiencing steadily increasing volumes across all program areas.

» From 2002/03 to 2003/04, incoming referrals rose 19 percent for adult services and 16 percent for child and adolescent services.

» The mobile crisis team continues to average around 1,100 calls annually. However, between 2002/03 and 2003/04, responses to suicide calls increased almost 100 percent, from 60 to 116.

Preventive services – public health nursing

» Population growth is placing considerable stress on RHA capacity to maintain optimal levels of public health nursing services.

» Public health nursing has a population-wide mandate to provide core health protection and disease prevention programs. Its programs are primarily outreach services, rather than services that are initiated by clients or other health providers. Program effectiveness rests on the ability to reach and deliver services to the highest possible proportion of target populations.

» Highly vulnerable population groups – infants, young children and families, and seniors – are targeted for the most labour- and resource-intensive components of public health nursing's universal programs: perinatal services, early childhood services, and immunization services.

» In South Eastman, the increasing burden on public health nursing's perinatal and early childhood programs results from the rising birth rate and increasing immigration. Between 1998 and 2003, births increased 12 percent, totalling 3,688. In the same period, 2,195 immigrants under age 19 entered the region, raising the number of newly-added children and youth to nearly 6,000. Immigrant families from overseas accounted for more than 80 percent of new arrivals and, in 2003, for 10 percent of all births.

» Pressures on the South Eastman immunization program are also escalating, resulting from growth of priority populations – children, youth, and seniors – together with increasing program complexity and expanded program activity.

» Immunization services delivered by public health nursing in South Eastman have risen substantially, with 16 percent overall increase since 2001/02 and 20 percent increase in influenza immunizations alone. Of 18,539 immunizations recorded for South Eastman residents in 2003/04, public health nursing gave 52 percent, with physicians accounting for 44 percent and RHA facilities for 4 percent.

Perinatal and obstetric care

» Since the region's midwifery program was introduced in September 2000, there has been a significant in-region shift in the provision of perinatal/obstetric care, from physicians to midwives. The number of deliveries managed by South Eastman midwives increased 53 percent between 2001/02 and 2003/04. In 2003, the midwifery program managed 11 percent of all South Eastman births and 18 percent of births taking place within the region.

» Overseas immigration is playing a significant role in the steadily increasing utilization of South Eastman's midwifery program. The program has proven crucial to meeting the needs of overseas immigrant women, who, though representing only four percent of South Eastman women, account for ten percent of all regional births and preferentially seek services from midwives.

» In May 2003, the RHA secured the services of a German-speaking midwife. Overseas immigrant women now form nearly two-thirds of her clients and one-third of all clients served by the midwifery program, which managed approximately 20 percent of all births to overseas immigrant women in 2003/04.

Health care needs of overseas immigrants

» The characteristics of South Eastman's young and increasing immigrant population determine a unique set of health care needs, requiring more intensive and accessible services – particularly primary health care services to support the continued well-being of growing families.

» Between 1999 and 2003, almost 3,000 overseas immigrants settled in South Eastman, with numbers projected to continue increasing steadily over the next few years. The vast majority of overseas immigrants do not speak English, have large, young families – 50 percent are under age 19 – and live rurally, without family and social supports.

» The RHA has reallocated resources to provide German-language, post-partum public health nursing services and secured the services of a German-speaking midwife. These services now account for 20 percent of public health nursing EFT (equivalent full time) in Steinbach and 20 percent of all midwifery EFT.

» The average immigrant family from overseas has five children and 40 percent of families have six or more; families with 12 or 13 children are not uncommmon.

» There are significant unmet needs in the areas of prenatal/obstetric care, family health care, immunization, and mental health. Language barriers, compounded by lack of language-appropriate resource materials, compromise quality and safety of care in facilities and in the community.

> "I saw an 18 month old who had been run over. I had to describe his injuries and what was happening to his mother using his six-year-old sister – she was the only one who could speak some English."
>
> – Emergency room physician

Overview

In South Eastman, the senior population is increasing much more rapidly than in the rest of Manitoba. Numbers of residents age 65 and over have risen 6 percent since 1998, with vulnerable seniors age 75 and over increasing 11 percent, a rate nearly triple the Manitoba average.

In South Eastman, increasing needs for senior health services are placing considerable pressures on the regional health system.

Seniors are high users of health services

» Seniors are high users of physician and hospital services.
- Rates of acute hospitalization and day use rise dramatically with advancing age.
- Although the age group 65+ represents only 11 percent of the South Eastman population, seniors account for over 20 percent of all visits to family physicians and specialists and for nearly 50 percent of hospital cases and three-quarters of hospital days used in South Eastman facilities.

» Seniors represent 80 percent of home care clients and well over 90 percent of personal care home residents.

» Older seniors age 75+ are much higher users of health services than younger seniors age 65-74.
- On average, South Eastman residents make four physician visits per year. Seniors age 65+ average more than six visits per year, while seniors age 75+ average almost nine visits per year.
- Seniors age 75+ form only 5 percent of the regional population but account for 20 percent of all hospital cases and around 60 percent of hospital days used in South Eastman facilities.
- Seniors age 75+ represents two-thirds of all home care clients.
- Seniors age 75+ account for almost 90 percent of personal care home admissions.

» Seniors are much more likely than other age groups to use hospitals close to home; 75 percent of hospital days used by residents age 65+ are spent in South Eastman facilities and only 18 percent in Winnipeg facilities.

Seniors' overall use of health services is increasing

» Over the past 15 years, rates of hospitalization and use of hospital days among seniors have declined substantially in Manitoba, particularly for individuals aged 85 and over.

» Accompanying this trend are the following.
- There has been a dramatic increase in outpatient, rather than inpatient, surgery among seniors.
- Seniors' use of family physician services has increased significantly across all senior age groups. The most dramatic increases have occurred among younger, healthy seniors.
- While the percentage of new home care clients

has remained constant for seniors of all ages, numbers of home care clients have increased and the length of time people use home care has risen steadily. Home care has experienced a 22 percent increase in average monthly cases since 1995/96.

- While the overall precentage of admissions to personal care homes has remained constant, numbers of admissions have increased. The average age at admission has risen significantly, and the average length of stay to death has significantly shortened.

» In South Eastman, the increasing needs of the rapidly growing senior population are placing considerable pressures on regional health care services. These trends will intensify as the population continues to age.

- Increasing numbers of seniors, in good as well as poor health, are placing ever-increasing demands on local physician services.
- Most facility-based health care services are consumed by a minority of seniors – primarily older seniors in poor health. South Eastman's rising numbers of fragile elderly have led to steadily increasing home care caseloads and increasing numbers of personal care home admissions. The relative number of personal care home beds available to the population aged 75+ has fallen and waiting lists have lengthened substantially.

Needs of seniors in the community are increasing

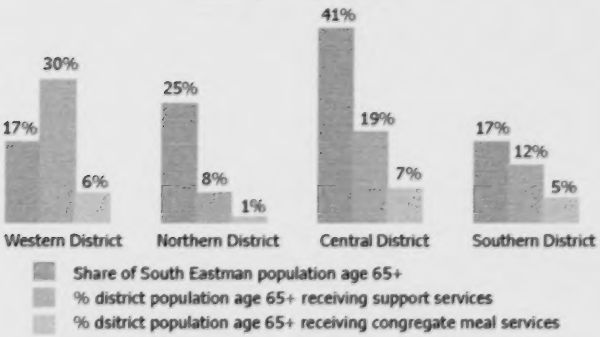
» The majority of seniors - even seniors aged 85 and over - live in the community and seniors are living in the community longer than ever.

» Steady growth of the senior population forecasts rapidly increasing needs for primary care services, with emphasis on prevention, health promotion, and chronic disease management.

» There is growing need for support services and alternative types of housing to help seniors remain healthy and live independently in the community for as long as possible, reducing reliance on home care and deferring progress to institutional care.

» The RHA's Services to Seniors program has been in existence since 1985 to assist communities in their efforts to help elderly residents stay well and independent.

Population age 65+ served by
support services and congregate meal programs
South Eastman 2003



South Eastman Health/Santé Sud-Est 2004

» Services to Seniors provides communities with professional and financial support for a range of extremely cost-effective programs, including meal programs and support services. Adult day programs provide care together with social and therapeutic activities, helping to enhance seniors' quality of life, maximize independence, support home care services, and provide relief to primary caregivers.

» For South Eastman, the challenge lies in achieving equity in Services to Seniors across the region. At present, the Northern District, which accounts for 25 percent of the region's senior population, has the greatest deficit. Overall, the region is very poorly resourced for adult day programs.

Overview

For some time now, gender has been acknowledged as an important determinant of health. Given concern for the health of women and men living in South Eastman and the lack of local research to guide service planning, the RHA chose to conduct an extensive series of community consultations. In separate consultations, men and women from diverse regional communities shared their experiences and views on important health issues and barriers to health.

The consultations have provided valuable information about gender similarities and differences in attitudes towards health and health care, and strong recommendations to the RHA for ways of working with South Eastman communities to improve the health of men and women.

The complete consultation reports, entitled *Women and Health: Experiences in a Rural Regional Health Authority* and *Men and Health: Hearing What South Eastman Men Have to Say*, can be accessed from http://www.sehealth.mb.ca.

The health of men and women

» Men and women have different health experiences and, as population groups, show very different levels of health status and health care needs.

» Gender is a significant determinant of health. Biological, or *sex*, differences play a very small role in the health disparities between populations of men and women. The most important factor is *gender*, the different socially and culturally defined roles, characteristics, and positions within society of men and women.

» Women are vulnerable to health problems linked to reproduction, mental health, family violence, and aging, and as such are high users of health care across the whole range of services, including medical, hospital, prescription, and preventive.

» Men, as a population group, bear a high burden of illness and death. The risk of premature death (before age 75) is considerably higher for men than women and average lifespan is approximately five years shorter. Men show higher rates of mortality from the major causes of death in younger age groups.

» Research has shown a marked socioeconomic gradient in health status among both women and men. The better off men and women are socially and economically, the more likely they are to have better health.

» Social and economic factors affect the health of women and men in different ways. Among women, poorer health at lower levels on the socioeconomic scale is related to lower income and lack of social supports whereas, among men, poorer health tends to reflect higher levels of adverse lifestyle factors.

Consultations with women and men

» Men and women recognize that traditional gender roles and expectations strongly influence their attitudes to health, create different patterns of health and health-seeking behaviours, and result in very different health and health service needs.

» Women tend to see themselves as society sees them – as principal family care providers and health coordinators. Women consider health a priority item.
- Women feel a strong sense of responsibility for their personal health and that of their families. Women tend to view health from a holistic perspective and place great importance on prevention and healthy behaviours and on mental health and healthy relationships.
- Throughout the consultations, women spoke at length about the challenges of filling multiple roles and the stresses of balancing work, family, and caregiving responsibilities. At the same time, women generally believe that their caregiving role is taken for granted. Women perceive that society has cast them as custodians of family health without granting them the supports they need in the community and workplace to fulfill their many roles or the ability within the family structure to make the key lifestyle and financial decisions that influence the course of family health.

» Men tend to see themselves as family providers and protectors – a way of thinking that often places work and other commitments first and relegates health and self-care to the background. While men value good health, health is not generally a priority in their day-to-day lives.
- Men tend to react to, rather than prevent, health problems. They see connections between their approach to health and their characteristic approach to problems and problem-solving – one at a time, deal with it, on to the next – and feel that this helps to explain their lack of involvement in health.
- Men identified their own attitudes as often forming the greatest barriers to health. They talked about their general reluctance to face the possibility, or reality, of ill-health and the prevailing notion, among many men, that admission of illness is a sign of weakness. As a result, men tend to put off seeking health information and making lifestyle changes and wait too long before seeking medical care.

» The broad health issues that men and women consider important are very similar. However, to be successful, health strategies must take gender differences into account.

» Men and women are equally concerned about their general lack of health knowledge and access to information and education.
- There is increasing awareness among women and men that they need to take greater responsibility for their own health. To do this, they need more information and opportunities for education and connecting with one another around health. Women and men want to be consulted about their information priorities and learn more about health issues in settings that promote discussion.
- For health information to be effective, it must be more accessible and specific to the needs of women and men.

» Women and men call for a greater emphasis on community-based, primary health services and new approaches to service provision.
  - Men and women see the need for change in how, where, and by whom future health services are provided, with alternate modes of delivery, increased flexibility, and a greater role for primary health care centres.
  - To be effective, health services must be more accessible, acknowledge the different needs of women and men, and respect their lifestyles.

» Men and women want a stronger voice in shaping the health of their communities. They want to help the RHA understand and respond to their health needs, participate in health planning processes, and contribute their knowledge and experience to finding local solutions for local problems.
  - Men and women want the RHA to continue the dialogue. They see the need to share the responses with the community at-large and provide opportunities for ongoing participation to a diverse cross-section of residents. The consultations have created expectations – follow-through is essential.
  - Men and women believe that improving health involves the whole community. They see broadly-based community partnerships – schools, community agencies, churches, employers, recreation groups – as effective ways to reach and engage citizens of the region.

» South Eastman men and women offered the RHA a number of clear recommendations for ways of working with communities to improve their health.

Recommendations from South Eastman women

• Continue to consult women

Women recommended that the RHA continue discussions with South Eastman women in order to hear about health issues and needs from diverse communities, gain more insight into the social and economic circumstances affecting women, and reach a better understanding of how health services can be designed to improve women's health.

"We want to be understood about our health problems."

"Women's health is not well understood."

"Listen to us."

"Continue to listen to what women have to say."

- ## Take a holistic approach to women's health

Women recommended that the RHA take a broad and holistic approach to women's health across all of the health determinants and work with other sectors to develop services that are wellness-oriented, community-based, integrated, and responsive.

"Health promotion is very important. Work on all the determinants of health."

"If we can improve the socioeconomic status of women, we can improve their health."

"If we don't have ready access to health care, we know that we can compensate somewhat if we have knowledge. But if you don't have knowledge, and a big part of that is socioeconomics, you don't have a choice. This is like putting a ceiling on your potential. All the other determinants will work against you."

"We need a more wellness-focused delivery of health, rather than illness-focused."

"Inter-agency work is very important . . . They need to work together, knowing what others are doing, and knowing about each other."

- ## Improve access to information

Women urged the RHA to make information on health and health services readily accessible to women across the region. They recommended that information be made accessible through a variety of media and acknowledge women's differing language needs and literacy levels. Because different communities have different issues, it was also recommended that communities be consulted with regard to their priority information needs and that opportunities be provided to respond to women's requests for interactive learning sessions where they are able to ask questions and share experiences.

"We would be a lot healthier as a community group if we were more informed."

"Information . . . to be guided . . . to know where to start. Getting help is like a gift."

"Workshops given by resource people on general subjects. We could then discuss personal experiences, disseminate information, take the time to talk about health problems and ask questions."

- ## Foster women's community networks

Women made a very strong recommendation to the RHA to assist communities of women in their efforts to take responsibility for health by fostering the development of women's networks within and among communities so that women can build on their collaborative strengths, share information and experiences, and support each other.

"We have to take charge of our own health, and we have to do it ourselves."

"We can't sit and wait for the RHA to take care of things. Let's start talking to each other."

"Women need networks to live within, they need to feel connected to each other."

"Meetings like this one with women – I go back home and I feel fulfilled. Meetings with women of different ages with whom we can share our pain and joy."

"If we could all mentor or advocate for just one other woman, like a sisterhood, and we'd say 'I only ask that you do this for one other woman', it would be a chain."

"Women helping women."

"My strength will strengthen you."

- **Build and strengthen community partnerships**

Women believe that improving their health calls for community-wide action to promote and support women's goals around learning, mutual support, and self-reliance. They recommended increased efforts to build and strengthen community partnerships among women's groups, the RHA, and other delivery sectors. Women view this strategy as key to improving health across the entire community.

"Health care can't solve everything, we need to work together."

"We must think of our children . . . bring this education into the school system. They need to know how to take charge of their own health."

"If women are helped to being healthier, the men will be more healthy too."

"It has a ripple effect that is enormous . . . It can have profound effects in creating whole, strong communities."

Recommendations from South Eastman men

- **Continue the dialogue with men**

Men recommended that the RHA continue the dialogue with South Eastman men, gain more insight and understanding of men's health needs, and engage a wider cross-section of the community, including men who are typically difficult to reach.

"I think the meeting here tonight is the first step."

"We need more forums for males to speak."

"We need more sessions like this – I mean it's fine to come for two hours and we go home and that's it . . . But I think we need to follow this up."

"I think that what the RHA needs to try to do is reach out to those who are not coming to these kind of meetings or who are not even aware of the fact of the problem and I don't know exactly how to express that."

- **Be more proactive in health promotion**

Men urged the RHA to be more proactive in promoting men's health, make concise and appropriate information on health and services readily available to men in places where they work and congregate, and consider specific men's health programming.

"Be proactive, rather than reactive."

"We need information on men's health and we need it where men go."

"They should be meeting with men . . . Meet men where they're working. Meet men at agriculture type of things. Sit down with the men."

"Specific programming. I know there are programs for children, programs for women. Are there any programs for men that you know of?"

- ## Improve access to services

Men made a very strong recommendation to the RHA to work towards improving access to primary care services. They asked for more flexible hours of operation, reduced waiting times, and outreach to remote communities.

"If we could have a clinic from 6:00 to 9:30 p.m., that would be a tremendous bonus."

"Regional clinics like they're setting up in Niverville and Sprague and outlying areas."

"Mobile clinics that would travel to communities."

- ## Strengthen community partnerships

Men were very clear that achieving improvements in men's health calls for comprehensive, community-wide strategies. They recommended greater efforts to develop community partnerships among the RHA, local physicians, regional employers, community organizations, and schools.

"Include the stakeholders in finding solutions."

"Health promotion is not just a health issue, it's an issue for everybody."

"Some employers are surprised to learn that preventive medicine is actually a better investment in health."

"You have to teach people at a younger level . . . So there has to be partnerships between the health authority . . . and the schools."

"You put this together, all these ideas, and come up with a strategy that would involve the whole community."

> "There are a lot more women's groups, a lot of programs that are involving more women than men ... You don't have the kinds of programs that are readily available, that actually invite, like the breast screening program invites women of certain ages to come ... You don't have anything like that for men."
>
> – Focus group participant

> "Men are like waffles and women are like spaghetti. And with spaghetti, everything is touching each other, it's all together. Men are like waffles – all they do is crawl from one little square to the next one and fix whatever is wrong in that square ... they don't take a look at the whole thing."
>
> – Focus group participant

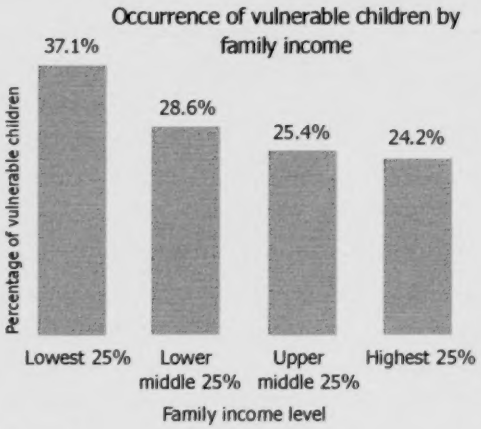
Overview

There is growing evidence of the need to pay greater attention to the extremes of life, when populations are most vulnerable. How communities care for their residents during these crucial times has far-reaching consequences. For South Eastman, increased investment in the highly vulnerable periods promises significant advances in quality of life across all regional communities.

The early years of life – early child development

» The first years of life – from conception through to six years of age – set the foundation for long-term health and well-being. During these early years, there are critical periods when children's brains are developing, setting the foundation for learning, behaviour, and health throughout life. Poor starts are not limited to lower-income families but cut across all economic and social strata.

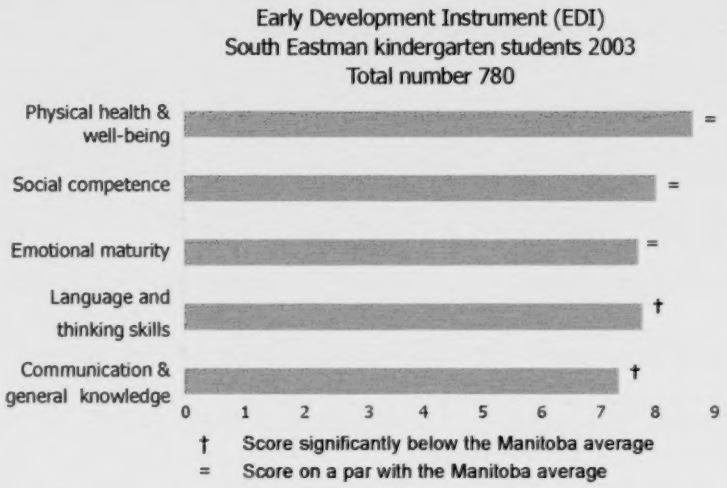
» Early years research has shown that children's readiness for learning in kindergarten predicts how well they will do later on. Lack of readiness for school learning places children at risk for academic, social and behavioural difficulties which may affect their progress through school, the likelihood that they will graduate from high school, and their chances of future success and well-being as adults.



Willms 2002

South Eastman children – reason for concern

» Local research shows that children living in South Eastman are generally physically, socially, and emotionally ready to learn when they enter school. However, as a group, South Eastman kindergarten children score below Manitoba averages in language and thinking skills, and communication and general knowledge. In addition, one in seven South Eastman children enters kindergarten with problems in more than one of the five developmental areas.



Community barriers

» Many South Eastman children face barriers to school learning. Language differences, where the language spoken by teachers and peers is not the language spoken at home, represent a widespread problem, affecting one in seven kindergarten children and many more in the higher elementary grades. Language differences not only limit children's ability to learn – they stand in the way of social interactions, often with emotional repercussions, and may compound other developmental problems.

» For families experiencing difficulties, access to help is crucial. Increasingly, however, all South Eastman families require access to a wide range of community resources. More than two-thirds of South Eastman women with preschool children are working – they represent the fastest growing segment of the region's labour force. Changing families have increasing needs for formal, organized programs and resources, including parenting programs, child care, preschools, and family resource centres.

» Lack of community resources to support young families is one of South Eastman's greatest challenges. Data show that the availability of educational, cultural, and recreational resources in South Eastman falls 30-50 percent below national levels.

Community strengths

» South Eastman benefits from strong families and strong community values as foundations for supporting early childhood development. Assessed against other communities across Canada, South Eastman showed a very strong performance on ten "indicators of family and community success". National researchers concluded: *Clearly, family processes, and neighbourhood factors, are acting as protective factors for the children in this relatively low socioeconomic status community.*

Community challenges

» While most South Eastman children are getting off to a good start in life, many are at-risk for learning difficulties which threaten their progress through school and limit their opportunities later in life. The challenge remains to help families give their young children the best possible start in life to reach their full potential as adults.

» For South Eastman communities, levels of investment in resources to support children and families will be decisive factors in economic progress. The region's economic future rests on its ability to adapt to changing labour markets and the pressures of a global, skills-based economy. An estimated 60 percent of all jobs in the future will require skills that only 20 percent of the current workforce possesses. South Eastman's ability to adapt is jeopardized by low education levels, including low high school completion rates – nearly one-third of regional residents age 20-39 lack a high school graduation certificate. How South Eastman communities respond to this challenge is crucial. In the big picture, investing in children is good business.

Death and dying: care at the end of life

» End-of-life care is emerging as a priority area in the Canadian health system, at both the federal and provincial levels. It will become increasingly important as the population ages and grows and numbers of people with life-limiting illnesses rise steadily.

» In South Eastman, end-of-life care is an evolving care philosophy, with significant progress over the past four years since the creation of the regional palliative care program.

» In South Eastman, palliative care services are provided both in home and institutional settings. As in all rural Manitoba RHAs, services are delivered through existing regional programs: in the home, by home care; in facilities, by the acute care and personal care home programs.

» The RHA receives funding for a palliative care coordinator, who provides education and support and coordinates access to equipment and supplies, volunteers, and additional services, such as mental health and spiritual care. Trained volunteers enhance the services available by providing home and hospital assistance and bereavement supports. South Eastman, like other rural RHAs, has no hospice care.

South Eastman consultations

Given its significance, end-of-life care was selected for special review in 2003/04. Community consultations were conducted with clients, families, volunteers, and health care providers involved with South Eastman's Palliative Care Program.

» Regional consultations indicate the strengths of the current palliative care program – the range of services available, the quality of care, the strong commitment of staff and volunteers, and access to professional palliative care services.

» Consultations also drew attention to current issues and challenges facing the South Eastman Palliative Care Program. These include relying on the expertise of a single trained professional to coordinate services and provide education and support, integrating a complex range of services drawn from different program areas, and being flexible enough to respond to clients' rapidly-changing physical and emotional needs.

> "I think what every person in palliative care has in common is that we share the hope that we will face death feeling comfortable and well cared-for, and it is individual care that emphasizes living fully until the end of life with dignity and with comfort and surrounded by a circle of support."
>
> – Family caregiver

Recommendations from the consultations

Individuals taking part in the consultations offered strong recommendations to the RHA for ways of working with consumers and providers to improve end-of-life care in the region.

- ### Develop a vision and plan

  Participants called for a clear definition of palliative care, how it is accessed, and how family and care givers are educated, and clear communication of the vision to patients, families, care givers, and the health care system.

  "There's a desire to move things along further, but it will require support from many different levels to move forward – from direct care providers to management to corporate office to the board to the research folks . . . It will require a coordinated effort and a vision."

  "Where do we go in the next five years? People are going to keep on dying and probably there will be more and more."

  "We have our paths . . . but our paths overlap and we've got to make sure we are heading in a common direction."

- ### Clearly articulate the palliative care program internally and externally

  Participants recommended clear articulation of roles, responsibilities, and relationships within the program and health system, together with development of policies and procedures, methods of monitoring and evaluation, and analysis of service gaps and potential avenues for improved service integration and flexibility.

  "I think that some of the issues are that you are trying to do so many things . . . you're trying to be effective in palliative care, you're trying to be effective in home care, you're trying to be effective in the day-to-day needs of the hospital, so you get so muddled. Sometimes it's very difficult, I find at times, to actually give and come out with clear directions to know what the steps will be for the next patient or the next client."

  "I think there needs to be work done so that we're all abreast of what's available: these are the processes, this is the plan, this is what we do, this is who we contact."

- ### Augment program resources

  There were strong recommendations from service providers and consumers to seek ways of augmenting program resources. Extremely consistent was the counsel to supplement resource levels to, and through, the palliative care coordinator position and to undertake succession and contingency planning to ensure the stability and future of the program.

  "We have major resource limitations – we can't continually do the program the way it has been done."

  "The resources just aren't there to do everything that needs to be done."

  "This is the end of your life, and then to have to battle a lack of resources and lack of people."

  "There would be great advantage from having a palliative care doctor in this region."

- ## Improve communications

Recommendations were consistent for better, clearer communications among programs, staff, families, caregivers, volunteers, and the public at large.

"Sometimes it was hard for me to figure out – who does the buck stop with? Because you have a surgeon in the city who is with the cancer care unit. He seems to carry the overall authority because he's the specialist. But then you have a local surgeon . . . you have a cancer care doctor locally, you have a family physician locally, you have a palliative care nurse locally, and sometimes it is very, very difficult just to figure out who has the overall authority, where does the buck stop, or who gives the final decision on this thing."

"Communication is needed – what the expectations of the family are, so that they are aware of what the expectations of the hospital or whatever would involve. It is very important that there be good open communication and a plan that we all are a part of."

"Once a person moves out of the general practitioner area, moves out of whatever area they are in and comes under that umbrella of palliative care, where is the buck stopping? Because sometimes it doesn't stop inside palliative care, it still keeps hopping out. And then you hop out and do it, and then you go back into the palliative care and tell those people what you were doing outside."

- ## Invest in education and training

Investment in education and training was seen as fundamental to effective program development, involving not only program staff but all regional service providers whose responsibilities encompass end-of-life care as well as clients and families using the services.

"It is absolutely imperative that all physicians and nurses be somewhat comfortable with treating palliative care situations and treating them properly."

"We need education. Ongoing education. Things are changing constantly."

"Education has to be directed to all care providers – physicians, nurses, and even the RHA to provide the administrative support for good quality palliative care in the region."

"Training of family caregivers is needed in the home regarding bathing, lifting, turning, mouth care, skin care. This doesn't come natural to many people and yet they want to do it."

Community challenges

For South Eastman, the consultations provide a solid foundation for future discussions, planning, and action to advance quality end-of-life care in the region.

The challenge now for the RHA will be to broaden the dialogue and seek ways of working collaboratively within the regional community and across the province to address the priority needs identified – for program planning, resources, communications, education, and training.

Many of the issues and difficulties identified in the consultations can be traced to the structure of palliative care programming in rural Manitoba, which is determined in turn by provincial funding. The reality, given current fiscal restraints, is that the principal driver of change will be community commitment and willingness to invest in end-of-life care.

Greater community investment in end-of-life care will touch the lives of every South Eastman family. The need, already profound, will only escalate over coming years – people are living longer and, increasingly, reaching the end of life with multiple, complex medical problems, reduced capacity, and aging partners. At the same time, it is every person's hope to be able to die in the place of their choice, as free as possible from distress, receiving skilled, compassionate, and respectful care.

> "Just as it takes a community to raise a child, it takes a community to usher people into the hereafter."
>
> – Dr. David Kuhl, Palliative Care Physician, St. Paul's Hospital, Vancouver

> "I'd like if something could be done to provide a facility, like a hospice. I think that is really key for the elderly and the terminally ill. I think that's really a priority that if the powers that be, the higher powers in our society, can really examine that."
>
> – Family caregiver

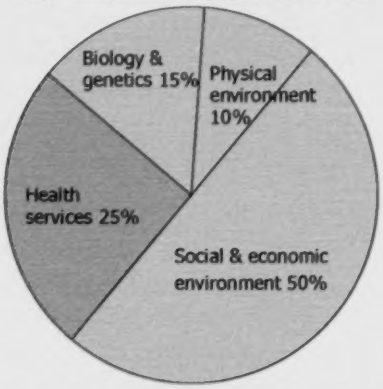
Overview

Health is much more than just health care. For the South Eastman population, achieving substantial gains in health requires the collaborative efforts of the whole community.

One of the RHA's planning priorities is to more clearly understand and effectively apply the principles of population health at the community level. Consultations on community literacy have been an initial focal point to engage the South Eastman community on issues related to health of populations.

Population health

Major influences on population health



Canadian Institute for Advanced Research

One of the most important lessons learned over the past two decades is that the major factors influencing the health of populations lie outside the health care system.

Health care services account for only a fraction – around 25 percent – of the health status of populations. Genetics and biology account for another 15 percent and the physical environment for 10 percent. A full 50 percent of the population's health status is explained by social and economic factors. In every population, there is a direct link between health and how well off people are socially and economically. Health status improves steadily as socioeconomic status moves from lowest to highest levels of education, employment, and income.

Acknowledging that health is more than health care is fundamental to planning healthy futures for South Eastman communities. Working alone, the health sector cannot hope to achieve the gains in health for which communities strive. Health crosses all community lines – the RHA plays a key role but is only one of many players. The true power to improve health rests with communities and their ability to work together across sectors, not just on health care and services but on the broader issues of economic growth, education, and support for individuals and families.

Community literacy

Literacy is more than simply being able to read and write. Literacy reflects the total sum of a person's knowledge and skills. It refers to a combination of abilities around reading, writing, speaking, listening, and critical thinking.

Literacy affects how adaptable we can be. It contributes to how we cope with life both at home and work and in social settings. Literacy helps broaden our interests and outlook, which, in turn, contributes to our resiliency in the face of life difficulties.

Literacy and socioeconomic status go hand-in-hand. Literacy is a product of our education and has a very strong influence on whether we gain employment, what type of job we have, and how much we earn. In communities, factors that act as barriers to literacy are generally the same factors that stand in the way of social and economic prosperity, so necessary for good health.

Literacy measures the social and economic strength of a community. It is evidence of community investment, both past and present, in the social and economic well-being of residents and is a strong predictor of future community success.

Literacy facts

» Early literacy skills are the foundation for future learning. The skills and capacity to learn that we develop before age six stay with us for a lifetime.

» Family literacy has a profound influence on children's early learning. Parents with low literacy skills are less able to provide their children with literacy opportunities. Parents with more education are better prepared to stay healthy, enter the workforce, meet performance requirements, become economically self-sufficient, and adapt to life's changes. These capabilities benefit their children.

» Children's early beginnings influence their ability to learn at school. Children who enter Kindergarten poorly-prepared for learning in school are more likely to experience difficulties in the higher grades and much less likely to complete high school.

» Among adults, literacy is a strong determinant of lifetime employment and income. The demand for higher literacy skills in the workplace is increasing and unskilled jobs are disappearing. Lower literacy means higher unemployment and lower average earnings. Lack of basic education is also a barrier to the job training necessary for employment. The quality of work life is also affected, with lower literacy associated with job dissatisfaction, job stress, and high rates of sickness and absenteeism.

» Around 80 percent of seniors are working with the lowest levels of literacy. Less literate seniors have more difficulty maintaining their own health, safety, independence, and self-esteem and are less able to care for others.

Consulting the community

» Evidence shows that communities that work together to take action on social and economic fronts – to enhance knowledge and skills, create economic opportunities, and strengthen coping abilities and social support systems – build greater wealth and health for all citizens.

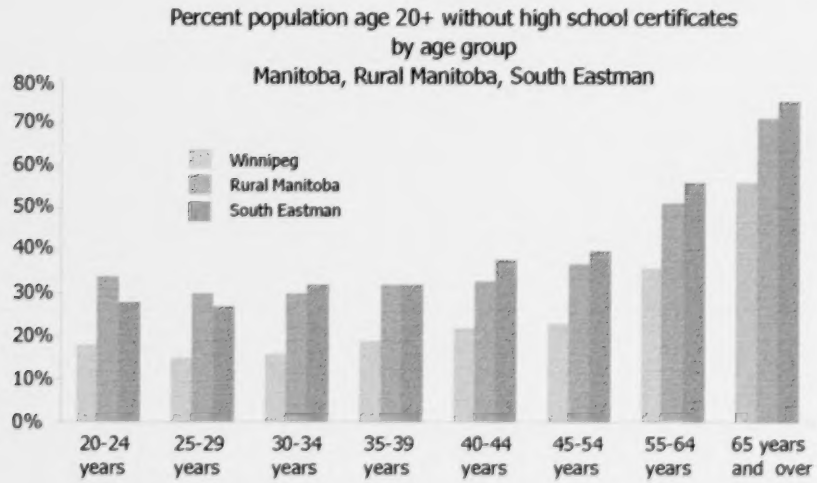
» How successfully the South Eastman community unites on social and economic issues – with literacy as the prime example – will be a deciding factor in the future health of the population.

» As part of its commitment to population health principles, the RHA undertook community consultations on literacy to engage the community on issues related to health of populations, key obstacles, and potential strategies for advancing community action.

Literacy in South Eastman

» While global research indicates the need for increased education to compete in the current and future economy, local statistics indicate that:
  - 43 percent of the South Eastman population lacks Grade 12 education;
  - around half of parents with pre-school children have high-school or less education; and
  - literacy skills among South Eastman children entering Kindergarten are below national averages.

» Other factors facing South Eastman include:
  - increasing immigration, which has magnified literacy issues in the workplace, community and school, for example, 18 percent of Kindergarten-Grade 2 students living in the Central District (Steinbach City and Hanover RM) are designated ESL (English Second Language);
  - over 70 percent of women with children are in the labour force, with half of working women providing at least 50 percent of household income;
  - nearly 70 percent of women with children under age six are in the labour force, forming the fastest growing sector;
  - there are 1,500 working women with preschool children but only 500 licensed day care spaces; an estimated 45 percent of newly required jobs require 16 years of education; 20 percent of South Eastman residents age 20-39 lack a high school graduation certificate; and
  - 75 percent of South Eastman seniors age 65+ lack a high school graduation certificate.



Consultations with the South Eastman community

South Eastman residents from communities across the region were consulted about literacy – the major issues, barriers to literacy, and what can be done to enhance literacy in the region. Participants represented a broad range of community interests including business, municipal government, religious organizations, education, community groups, local service agencies, and the community at-large.

Regional consultations indicated that literacy is a critical matter for South Eastman and that progress will benefit everyone. Collaborative community strategies to advance literacy in South Eastman should be pursued.

» Important literacy issues in South Eastman were identified.
- There is a need to develop children's literacy skills in the early years of life.
- There is a need to recognize that the region is changing.
  - With nearly three-quarters of young families dependent on two incomes, parents are finding it increasingly difficult to cope;
  - Rapid technological advances are raising the levels of education and skills required for employment;
  - Increasing overseas immigration is creating significant needs around language, as well as literacy.
- There is a growing concern for adult literacy, particularly with respect to low high school completion rates and the lack of resources for adult upgrading.
- There is a need to break the cycle of low literacy, low income, and limited opportunities that so often continues from generation to generation.

» Significant barriers to improving literacy in South Eastman were recognized.
- There is a lack of understanding of literacy and its profound impacts on individuals and communities.
- There are differing goals and priorities of the many community sectors and interests involved in literacy.
- There is no defined service mandate for preschool learning.
- There is no clear regional view of where overall literacy responsibilities lie.
- A stigma is attached to low literacy by individuals and communities.
- There is a lack of literacy resources, together with lack of awareness and limited access, particularly for low-income families.
- Service systems have a structured, relatively inflexible nature.

Recommendations from the consultations

The consultations offered many broad and specific recommendations for improving literacy outcomes in South Eastman.

Community

- **Build community connections & partnerships**

The consultations reflected a broad view that literacy encompasses all community sectors and the entire life cycle. The need to build community connections and partnerships was commonly stated, and there were strong

recommendations to continue the intersectoral efforts initiated by the RHA and build on the work being done currently by regional literacy providers. There was agreement that one of the first steps must be to develop a common understanding of needs and issues in the region and that ways must be found to more effectively involve decision-makers, including the business community. Participants also expressed the need to turn the talk to action.

"Who needs to be involved? . . . A cross-section of society including professionals, business, health, and education. It's everybody."

"I think we all have to see it from the same initial perspective."

"I think we need representation from business. They are the ones mainly responsible for economic growth. They need to step up to the table."

"There's been a lot of good discussion and we have been able to focus. But we need to start to narrow our vision and define immediate needs and how to accomplish them."

- ## Involve the learners

One of the strong messages for moving forward concerned finding ways to engage families and learners in the solutions.

"We are determining what we need but we are looking from our eyes, not from the eyes of the learner. Maybe we need to go out to the community, talk to parents, talk to high school drop-outs. What is not working? What can we do to change this?"

"We can't change it from the top. One thing we have not been good at is building community from the grassroots – getting the folks together who need the training to say, 'This is what we need'. Instead we have been fathers and mothers saying, 'This is what we think you need'."

"We need to be more adult-focused, more learner-focused, and we need to hear their voices. Learners are not used to having their voices heard. We need to find ways to include their voices on planning and service delivery."

- ## Increase awareness of literacy and issues in South Eastman

The consultations recommended increased efforts to raise awareness of literacy and acceptance of regional realities.

"There needs to be awareness from two perspectives: What are the supports out there and how can learners access them? And, for those involved in literacy, to know their community – the issues and the range of skill levels."

"People say, 'If there's a need, it's not my problem. I'm not aware of it'. Until someone takes responsibility for the issue – and I don't know where that's going to happen first – nothing's going to happen."

"I think attitude shifts happen, just gradually and over time . . . People need to say, 'Yes, there is a benefit for me and I will change my attitude'."

- ## Coordinate and communicate existing resources

Those involved in literacy services and issues recognized the need to work closely together on sharing information and coordinating efforts.

"We need closer coordination between agencies and business in encouraging them and developing that life-long learning culture . . . Realistically, coordination of resources could go a long way towards addressing some of the concerns and issues."

"We have to work more cohesively, down the whole line."

Regional health authority

- ### Continue to provide leadership

Participants saw the RHA as a highly effective facilitator of ongoing community dialogue and collaboration around literacy.

"Right now the RHA is the only regional structure that can bring us together . . . They have a bird's eye view of what is going on and are a vehicle for collaboration and communication."

"They are key to anything – not necessarily to lead the charge on literacy, but to be on the team that does. They have information. They are asking the questions."

"The RHA has proven that they can bring awareness to a whole bunch of people. They are a credible third party. They provide a service that we all need, they don't pick and choose based on income – the service is the same. It's a nice unbiased body."

- ### Create opportunities for understanding, discussion, and collaboration

There were strong recommendations to the RHA to continue to share its information on population health and literacy broadly, at all levels within the community.

"Can you take information given in this presentation and translate it to a more common understanding? A lot of parents don't have this information and understanding."

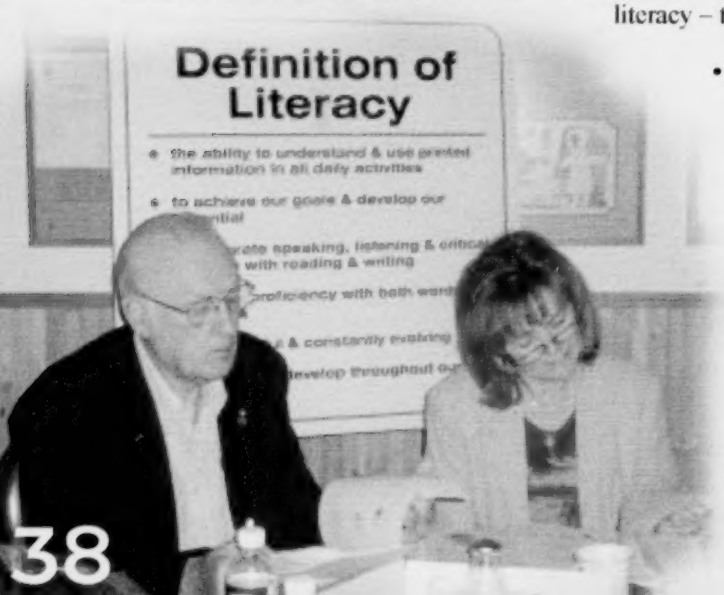
"Would you be prepared to sit down with church educators? It's no good having information if you don't know what to do with it."

Participants also urged the RHA to create further opportunities for community discussion, to work towards a better common understanding of issues and goals and how to work together collaboratively to advance literacy.

"We need to use and apply the information."

"We have to create more opportunities for working together."

"We feel that the RHA has taken on the initiative to draw people together. That has created some expectations. If the RHA does nothing but explain what this means and gets those key people together to facilitate discussion about literacy – that in itself is quite a leadership role."



- ### Strengthen early literacy partnerships

The RHA, through its public health programming, clearly plays a key role in sustaining and strengthening partnerships to advance early literacy.

"From the education sector, the RHA is a natural intersectoral partner on early childhood literacy."

"I think we are making some real good steps in terms of partnerships with the RHA and the school divisions."

- **Be a model workplace**

  The RHA was also encouraged to position itself as a model workplace, providing in-house literacy training for staff and clients, utilizing "plain language", and offering language training for staff interacting with the immigrant population.

  "There are recommendations that everything that the RHA produces for public consumption be in plain language and at Grade 5 and 6 level . . . It certainly does not sound pretty, but people understand what we're talking about."

Conclusions

» Literacy is an important example of the principles of population health.

» Literacy encompasses a range of skills for life – coping skills, employability skills, and the capacity to succeed in a knowledge-based economy. Literacy offers pathways up the socioeconomic scale to greater prosperity and better health. Low literacy limits informed choices, resources, and the control that people need to improve their own lives and the lives of their families. The cycles of low literacy, low income, and limited opportunities often continue from generation to generation.

» The consultations provide, for the first time in South Eastman, insight into community literacy, the influences that shape literacy development and outcomes, and the barriers that stand in their way.

» The consultations offer South Eastman communities unique opportunities for intersectoral collaboration and collective action to enhance literacy in the region. This promises remarkable long-term rewards for the South Eastman population.

» The RHA, while one of many regional players, has special responsibilities and opportunities in advancing the work on literacy: to provide leadership, share the evidence on population health and literacy with the broad community, and create opportunities for further intersectoral discussions.

"There's only a glimmering of recognition that literacy is an issue."

– Discussion group participant

Putting it all together

Health status in South Eastman remains constant, but significant changes in circumstances, needs, research, and community expectations challenge the RHA to look at additional new priorities and innovative approaches.

The 2003/2004 Community Health Assessment indicates that the health of residents of South Eastman remains constant compared to the 1998 report. However, the assessment has begun to identify significant changes in circumstances, needs, research, and community expectations that challenge the RHA to look at, and do, things differently.

Health status in South Eastman and other southern Manitoba RHAs is better than in more northerly populations.

Overall, South Eastman residents enjoy a level of health typical of the Canadian population. Within Manitoba, health status is better in South Eastman and other southern RHAs than in more northerly Manitoba populations, which bear higher burdens of conditions associated with premature illness and death, such as diabetes, injury, and suicide. Compared to Manitoba, the South Eastman population demonstrates above average life expectancy, below average mortality, and below average rates of major illnesses and injuries.

Not all South Eastman residents experience good health. There are significant health differences between men and women, among districts and communities, and among people with different levels of education, occupation, and income. Traditional health services are struggling to close the gaps.

However, not all South Eastman residents experience good health. There are significant health differences between men and women, among districts and communities, and among people with different levels of education, occupation, and income. Traditional health services, with a focus on acute care and treatment, are struggling to close the gaps. Over the coming years, South Eastman will continue to face the major health problems that have plagued western populations for generations, including heart disease, cancer, mental health problems, obesity, and diabetes. Many of these conditions are related to health behaviours and are strongly linked to gender and to people's social and economic status which, within South Eastman, are in lower to middle ranges with substantial income disparities within and across communities. Prevention and the resources for effective delivery of prevention programs are key to a healthier population.

South Eastman residents call for changes to the way the health sector does business, focusing on community-based health services and changes in provision, with alternate modes of delivery, increased flexibility, greater accessibility, and a larger role for primary health care centres.

Residents also want more information and a stronger voice in shaping the health of their communities. Health strategies must take gender and socio–economic differences into account.

The reorientation of the health care system towards promotion and prevention, greater accountability, and engaging of communities in health decision-making focuses on population health and addressing health inequities within populations. Citizens of South Eastman agree with this direction. In wide-ranging consultations, South Eastman residents have called for a greater emphasis on community-based health services and changes, including alternate modes of delivery, increased flexibility, greater accessibility, and a larger role for primary health care centres. Residents also want more information and opportunities to understand health issues and a stronger voice in shaping the health of their communities. Men and women have clearly described how gender influences health and health-seeking behaviours creating very different health and health service needs for women and men, varying with social and economic circumstances. Successful health strategies must take these

differences into account. This grassroots wisdom is supported by a wealth of research evidence at both national and provincial levels.

South Eastman has made remarkable progress since the inception of the regional health authority (RHA) in 1997. Core facility and community health services function within an integrated regional service system. There have been considerable gains in comprehensive services provided at the facility level and increasing involvement of communities in planning for the health of residents and services to meet their health needs. The range and availability of front-line health services have steadily broadened, with many key advances in all program areas, the successful recruitment and retention of family physicians, and the establishment of primary health care centres in Sprague and Niverville. Nevertheless, unmet needs and under-serviced areas remain. For the RHA, moving forward on health is challenged by scarce resources and historical patterns of health care funding that limit innovation on the community services side. Furthermore, resource issues have escalated significantly over time, predominantly due to population growth.

South Eastman has made remarkable progress since 1997. Nevertheless, unmet needs and under-serviced areas remain.

For the RHA, moving forward on health is challenged by funding patterns and resource issues, which have escalated significantly over time.

In South Eastman, the extraordinary growth and change experienced over recent years contrast sharply with experiences elsewhere in Manitoba. Increasing immigration and a rising birth rate have led to 8.1 percent population growth over the past five years, an increase far in excess of levels in other RHAs. Superimposed on population growth is the general trend to population aging. As a result, South Eastman has seen above-average increases across all population age groups. Virtually all communities, large and small, have been affected. Some have been profoundly influenced by population aging, some have experienced marked increases in children, youth, and young adults, and others show striking evidence of growth across all age groups. Health care needs are increasing population-wide.

South Eastman has seen 8.1 percent population growth over the past five years – far in excess of provincial levels. Virtually all communities and all age groups have experienced above-average increases.

Health care needs are increasing population-wide.

Population growth and aging are placing significant pressures on all South Eastman health services, with every indication that upward trends will continue. Regional health programs across the whole spectrum of prevention, treatment, and support show evidence of steadily increasing utilization and diminishing availability. The RHA, as a result, is hard-pressed to meet current demands for health care services while, at the same time, planning to ensure sufficient resources and capacity to meet rising needs.

Demands on all South Eastman health services are increasing.

The RHA is hard-pressed to meet current service demands while, at the same time, planning to meet rising needs.

While existing programs are under stress, there is also compelling evidence that new and expanded programs are required to meet the growing and changing needs of the South Eastman population. Since 1999, over 5,000 immigrants have settled in South Eastman, including 21 percent of all overseas immigrants entering Manitoba under the Provincial Nominee Program. These new residents – primarily young families, half are under 19 years of age – are

Large-scale overseas immigration brings new service needs, particularly for primary health care services to support young and growing families.

important contributors to the region's economy and social fabric. At the same time, they bring unique health needs, requiring not only more health services but services that are different from those the RHA is currently equipped to provide – particularly primary health care services to support the continued well-being of growing families.

There is mounting evidence that greater investment in young families, particularly during children's early years, pays huge population health dividends

At the same time, there is mounting evidence nation-wide that greater investment in young families, particularly during children's early years, pays huge dividends in terms of long-term population health and well-being and sets the foundation for healthier societies.

South Eastman's growing senior population requires more illness care.

Needs and expectations for access to quality palliative care services are escalating.

At the other end of the life scale, South Eastman's growing senior population requires not only more illness care but enhanced primary health care and support services to help them remain healthy and independent in the community for as long as possible. Furthermore, as the population increases and ages and numbers of people with life-limiting illnesses rise, needs and expectations for access to quality, flexible, and individualized palliative care services are escalating and will continue to do so over coming years. Community consultations in South Eastman have highlighted the important strengths of the region's Palliative Care Program but have also drawn attention to concerns and challenges, many of which have provincial implications.

Increasingly, South Eastman residents want to be part of finding local solutions for local problems.

South Eastman consultations on literacy have demonstrated a strong collective will to work collaboratively across community sectors to advance population health.

South Eastman's greatest strength is its social capital. Regional communities share a tradition of strong social values, with people and communities working together to achieve common goals. Across South Eastman, groups and organizations are working hard to achieve economic prosperity and well-being and there are many examples of community partnerships with the RHA, acknowledging health as a shared objective. Over the years, the RHA has consulted extensively with regional communities. Increasingly, residents want to help the RHA understand and respond to their health needs, participate in health planning processes, and contribute their knowledge and experience to finding local solutions for local problems. Most recently, broad South Eastman consultations on literacy have demonstrated a strong collective will to work collaboratively across community sectors to address population health through the links that exist between poor health and low levels of literacy, education, and income.

The issues facing South Eastman represent opportunities to develop services that will advance health and quality of life across all communities in the region.

In the big picture, the issues facing South Eastman represent opportunities to develop services that will advance health and quality of life across all communities in the region. With provincial support to deal with the impacts of significant population increases, the RHA is ready to move forward – beyond the short-term confines of strictly traditional health services to innovative services that respond to the long-range needs of its diverse population.